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CONFIRMATION NO. 4124

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|-----------------------------|--|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/797,726 | FILING OR 371(c)<br>DATE<br>03/10/2004<br>RULE | CLASS<br>710 | GROUP ART UNIT<br>2181 | ATTORNEY<br>DOCKET NO.<br>800.0142 |
|-----------------------------|--|--------------|------------------------|------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/599,980 06/22/2000 PAT 6,748,517 which claims benefit of 60/140,425 06/22/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/26/2004

|                                 |  |                        |                     |                    |                         |
|---------------------------------|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>NC | SHEETS DRAWING<br>3 | TOTAL CLAIMS<br>18 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged       | Examiner's Signature Initials  |                        |                     |                    |                         |

**ADDRESS**

27997

**TITLE**

System core for transferring data between an external device and memory

|                            |   |  |
|----------------------------|---|--|
| FILING FEE RECEIVED<br>936 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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